## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only Reco
	AUG 1 5 2005
Ε	CAS DROFT

1. File Number **U** - 7073

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name John M Hamilton	Name Operating Engineers' Local 324	
	Labor Organization File Number 019-088	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110	
City Livonia	City Livonia	
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082	
5. Position in labor organization. Business Manager		
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests isions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street	7.b. Amount.	
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed M. Clmult	On 08/08/05 734-4623660	
	Date Telephone Number	
Form LM-30 (2008) Page 1 of 2		

Name of Person Filing John Hamilton	File Number 0-		
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:	_	
Name Associated Benefits Company	Romanoni		
Trade Name, if any:	a. Labor Organization  X b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 24600 Northwestern Highway	Sentimonic		
City Southfield			
State Michigan ZIP Code + 4 48075			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	portugation circum sicilated martines for the basis of the basis of the circum circum and the commentation are partied as the circum and the	
Name Operating Engineers' Local 324 Health Care	Provides marketing services and cor Cross to the Health Care Plan.	sulting for Blue	
Trade Name, if any:		пеналегоналег	
P.O. Box, Bldg., Room No., if any		an exercise construction of the second secon	
Street 2075 W. Big Beaver, Suite 700	11.b. Approximate dollar value of such dealing.	\$100,000	
City Troy ·	12.a. Nature of interest held or income received.		
State Michigan ZIP Code + 4 48084	Lunches to review health care plan performance	design and	
	12.b. Amount.	\$50	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.		
Name (		STREET PRINTED	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street		DO TOTAL CONTROL CONTR	
City		distantinuments	
State ZIP Code + 4		COMMINION PROPERTY AND AND PROPERTY AND	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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Fo	r Official Use Only
	AUG 1 5 2005
E	PAR BOOT

1. File Number **U** - 7072

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name John M Hamilton	Name Operating Engineers' Local 324	
	Labor Organization File Number 019-088	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110	
City Livonia	City Livonia	
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082	
5. Position in labor organization.		
Enter appropriate data below if, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests isions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or	,	
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
F.O. Box, Bidg., Noolii No., ii aliy	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	ring documents), has been examined by the signatory and is, to the best of the	
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed M. Homelle	- On 08/08/05 734-4623660	
The state of the s	Date Telephone Number	
Form LM-30 (29/3)	Page 1 of 2	

Name of Person Filing John Hamilton	File Number <b>U-</b>		
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Associated Benefits Company	granousming	-	
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 24600 Northwestern Highway	Transmit O. Employof		
City Southfield			
State Michigan ZIP Code + 4 48075			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Operating Engineers' Local 324 Health Care	Provide health care plan design comarketing for Blue Cross.	nsulting and	
Trade Name, if any:		the control of the co	
P.O. Box, Bldg., Room No., if any		TO THE PROPERTY OF THE PROPERT	
Street 24600 Northwestern Highway	11.b. Approximate dollar value of such dealing.	\$100,000	
City Southfield .	Nature of interest held or income received.	\$200,000	
State Michigan ZIP Code + 4 48075	Provide 4 tickets to the Bette Mid	ler concert.	
	12.b. Amount.	\$200	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	The following should be a secure of the secu	
Name	makes control to the		
Trade Name, if any:	VOID PROTECTION OF THE PROTECT		
P.O. Box, Bldg., Room No., if any			
Street	REPORTED BY THE PARTY OF THE PA	Qualitative and the state of th	
City	Garage Control of the	And the second s	
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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F	or Official Use Only Rec'd
	AUG 1 5 2005
E	WS DROS

1. File Number U - 9072

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

A	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name John M Hamilton	Name Operating Engineers' Local 324	
	Labor Organization File Number 019-088	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
1.3. box, bag., room ro., ir any	1.0. Box, Building and Noon Number, if any	
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110	
City Livonia	City Livonia	
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082	
5. Position in labor organization. Business Manager		
and all the second and all the s		
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the excl	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Blue Cross Blue Shield of Michigan, Inc.	Directors Fees for Board Position. Appointed by the Governor of the State of Michigan. Includes	
Trade Name, if any:	reimbursed expenses to attend Board of Director meetings	
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street 711 E Jefferson Ave		
City in the control of the control o	Auto-section control c	
City Detroit	\$34,938	
State Michigan ZIP Code +4 48226		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed of mile	On 08/08/05 734-4623660	
	Date Telephone Number	
Form LM-30 (2003)	Page 1 of 2	

Name of resourcing John Hamilton	The Number 0-		
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	-	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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F	or Official Use Only Rec'd
	AUG 1 5 2005
E	CAS DROY

1. File Number **U** - 9072

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name John M Hamilton	Name Operating Engineers' Local 324
	Labor Organization File Number 019-088
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
	- Inspection of the control of the c
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110
City Livonia	City Livonia
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082
5. Position in labor organization. Business Manager	
Enter appropriate data helow if during the past fiscal year, you or your se	pouse or minor child directly or indirectly had any of the following interests
	clusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, o	or derived income or other accomis benefit of
monetary value from an employer whose employees your organiza	ation represents or is actively seeking to represent.
monetary value from an employer whose employees your organization.  Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organiza	ation represents or is actively seeking to represent.
monetary value from an employer whose employees your organiza  6. Name and address of Employer (including trade name, if any).	ation represents or is actively seeking to represent.
monetary value from an employer whose employees your organiza  3. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	ation represents or is actively seeking to represent.
monetary value from an employer whose employees your organiza  6. Name and address of Employer (including trade name, if any).  Name	ation represents or is actively seeking to represent.
monetary value from an employer whose employees your organiza  3. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization.  Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization.  Name and address of Employer (including trade name, if any).  Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street City	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization.  Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization.  Name and address of Employer (including trade name, if any).  Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sig	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.
monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty or	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  7.c. Perjury and other applicable penalties of the law, that all of the information mying documents), has been examined by the signatory and is, to the best of the
monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompa	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  7.c. Perjury and other applicable penalties of the law, that all of the information mying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing John Hamilton	File Number <b>U</b> -		
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Blair Consulting Group, Inc.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 5315 Blair  City Troy  State Michigan ZIP Code + 4 48085	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Provides financial and plan consulting to the Union and the Fringe Benefit plans.		
Street	11.b. Approximate dollar value of such dealing. \$120,000		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4	Breakfest and lunches to discuss union and fund business.		
	12.b. Amount. \$300		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	Vianantina del Carte de Carte		
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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	For Official Use-Only Rec'd
	AUG 152005
Ε	CAS DROP

1. File Number **U** - 7072

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name John M Hamilton	Name Operating Engineers' Local 324		
	Labor Organization File Number 019-088		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110		
City Livonia	City Livonia		
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082		
5. Position in labor organization.  Business Manager			
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu- A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	usions set forth in the instructions):  derived income or other economic benefit of		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4			
Sign	ature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)		
Signed W. '/ Omulta	On 08/08/05 734-4623660  Date Telephone Number		
	Date Telephone Number		
Form LM-30 (200ß)	Page 1 of 2		

Name of Person Filing John Hamilton	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actiful (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Mesirow Financial Services, Inc  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 24600 Northwestern Highway  City Southfield  State Michigan ZIP Code + 4 48075	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Operating Engineers' Local 324 Pension Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Provided money manager services for the pension funds
Street 350 North Clark Street  City Chicago	11.b. Approximate dollar value of such dealing. \$0
State Illinois ZIP Code + 4 60610	Provided lunches and dinner to discuss Union and Fringe Fund business.
	12.b. Amount. \$409
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

#### FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

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	For Official Use Only
	AUG 1 5 2005
E	PAS DROP

1. File Number **U** - 2072

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name John M Hamilton	Name Operating Engineers' Local 324		
	Labor Organization File Number 019-088		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110		
City Livonia	City Livonia		
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082		
5. Position in labor organization. Business Manager			
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or of monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
· Bernard · · · · · · · · · · · · · · · · · · ·			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
City (consensation) and a separate contract of the contract of			
State ZIP Code + 4			
Sign	ature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the		
	,		
Signed M. Dombe	On 7/06/2005 734-4623660		
	Date Telephone Number		

Name of Person Filing John Hamilton		-ile Number <b>U-</b>	
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	Business deals with:		_
Name J. Douglas Korney			
Trade Name, if any:	a. Labor Organizatio	n	
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 30700 Telegraph, Suite 1551			
City Bingham Farms			
State Michigan ZIP Code + 4 48025-4566			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	].	
Name	Provides lagal servi	ices to the Unio	on.
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value	of cuch docling	\$120,000
City .	12.a. Nature of interest held of		\$120,000
State ZIP Code + 4	Breakfest and lunche	new Control of the Control of Con	nion business.
	12.b. Amount.		\$500 500 500 500 500 500 500 500
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			his entre en
Trade Name, if any:			DEROVANOS PROPERTIES P
P.O. Box, Bldg., Room No., if any			POPULATION
Street	Witchicohiesew		nonconnectivities .
City	THE CONTRACT OF THE CONTRACT O		TT
State ZIP Code + 4		aanska er kanson rokka kon kon konstantrokkon oprokka sin kon konstantrokkon kon konstantrokkon kon konstantrok	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		THE TOTAL CHILD HAVE THE WAY THE CHILD HAVE THE STANDARD HE WAS A STANDARD TO THE CHILD WAY THE CHIL

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	JF F50 37 L/5.
Fo	r Official Use Only
	AUG 1 5 2005
E	O B OROS

1. File Number **U** - 9072

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name John M Hamilton	Name Operating Engineers' Local 324
	Labor Organization File Number 019-088
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110
City Livonia	City Livonia
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082
5. Position in labor organization.	
Enter appropriate data below If, during the past fiscal year, you or your spor	use or minor child directly or indirectly had any of the following interests
	isions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signa	ature
15. Signature and verification. The undersigned declares, under penalty of is submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, corrept, and complete. (See the sec	ing documents), has been examined by the signatory and is, to the best of the
	grand and the same of the same
Signed M. 1 Danilla	On 08/08/05 734-4623660
\	Date Telephone Number

Name of Person Filing John Hamilton		File Number <b>U</b> -	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from the cons	wise dealing with the business vely seeking to represent, or directly to, or otherwise	\$	
8. Name and address of Business (including trade name, if any).  Name Associated Benefits Company  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 24600 Northwestern Highway	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	tion	-
City Southfield  State Michigan ZIP Code + 4 48075			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Operating Engineers' Local 324 Health Care  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such deali Provide health car marketing for Blue	e plan design co	nsulting and
Street 24600 Northwestern Highway  City Southfield .  State Michigan ZIP Code + 4 48075	11.b. Approximate dollar value 12.a. Nature of interest held Provided Holiday B	d or income received.	\$100,000
	12.b. Amount.		\$100
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

#### FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only			
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
E (AUG152005)	-		
L B MS DRV			
1. File Number U - 90 72	2. Fiscal Year Covered From:		
Rem <b>gl</b> a-entermonalEmasses in mond	1 / 1 / 2004 Through: 12 / 31 / 2004		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name John M Hamilton	Name Operating Engineers' Local 324		
	Labor Organization File Number 019-088		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110		
City Livonia	City Livonia		
State Michigan ZIP Code +4 48150-1082	State Michigan ZIP Code + 4 48150-1082		
5. Position in labor organization. Business Manager			
Tomos assistantian in the contraction of the contra			
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of ion represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.		
Name	7.a. Nature of Interest, Transaction, or Income.		
	7.a. Nature of Interest, Transaction, or Income.		
Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		
Name	7.a. Nature of Interest, Transaction, or Income.		
Name Trade Name, if any:			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4			
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Sign  15. Signature and verification. The undersigned declares, under penalty of	7.b. Amount.		

Signed

734-4623660

Telephone Number

Name of Person Filing John Hamilton		File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise	5
8. Name and address of Business (including trade name, if any).  Name Munder Capital Management, Inc.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 480 Pierce St., Suite 300  City Birmingham,  State Michigan ZIP Code + 4 48012	9. Business deals with:  a. Labor Organizat  b. Trust  c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Operating Engineers' Local 324 Pension Trust	11.a. Nature of such dealing Provides money manafund.	ng. agers services for the pension
P.O. Box, Bldg., Room No., if any  Street 2075 W. Big Beaver, Suite 700  City Troy  State Michigan ZIP Code + 4 48084	11.b. Approximate dollar value  12.a. Nature of interest held Provided two ticket game, drinks and states.	d or income received. ts to the Detroit Red Wings Hockey
	12.b. Amount.	\$200
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name if any.	14.a. Nature of payment.	
P.O. Box, Bldg., Room No., if any Street		
City	судинального от ответствення в станования в с	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

Foi	Official Use Only Rec'd AUG 1 5 2005
E	PAS DROT

1. File Number U - 9072

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

		24				1 / 1 / 2	2004 Through:	12 / 31	/ 2004
3. Name and address of person filing.					4. Name, file number, and address of labor organization.				
Name	John	М На	milton		Name	Operating Eng	gineers' Loc	al 324	
					Labor	Organization File Nu	mber 019-088	Experience and the second and the se	
P.O. Box, Bldg., Room No., if any					P.O. B	ox, Building and Roo	om Number, if any		
Street	reet 37450 Schoolcraft, Suite 110				Street	37450 School	craft, Suite	110	
City	Livonia	CHARLES THAT COMMON CONTRACTOR			City	Livonia	ANNA MINISTERIO CONTRA	etis Selektrisi kendelenki kishi kishi kishi keliktrisi kishi kishi kishi kishi kendelenada eta kananga barga a	
State	Michigan		ZIP Code + 4	48150-1082	State	Michigan		ZIP Code + 4	48150-1082
5. Positi	on in labor organization.	derenegeninaligna) i qianzanan ja			**************************************				
	Lucco	hilimooranii eengarii isassaarii ee			***************************************				g De wassenande en
Ento	Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):								
A. Held	an interest in, engaged in	transa	ctions (includir	ng loans) with, or s your organizati	derived in	come or other ecor	nomic benefit of seeking to repres	sent.	
6. Name	e and address of Employer (ii	ncluding	trade name, if a	ny).	7.a. Natu	re of Interest, Transa	action, or Income.		
Name									
Trade	Name, if any:		timer con establishment establ		omodelen-kanana-kanan-kanan				ластрайна дорож Дей Монгания Амер
P.O. B	ox, Bldg., Room No., if any					And the same that a sum of the same that the			
Ot		mitropico en escripcio de la calenda de la c		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7.b. Amo	unt.			
Street		Programmery recommons, com	annalitari essenia municipi in decembra de la compania de la compania de la compania de la compania de la comp						
City						e de la constante de la consta			
State	t post para en com a se comitante de la section de la constitución de la constitución de constitución de commença de media de la constitución de l		ZIP Code + 4						
Signature									
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)									
Signe	ed h	$\mathcal{N}$ .	the	mel	On	08/08/05	734-462366	0	
		······	· · · · · ·	And for the second		Date	Te	elephone Numb	er
Form LM-	-30 (2003)								Page 1 of 2

Name of Person Filing John Hamilton	File Number <b>U</b> -	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Mesirow Financial Services, Inc	B000000	
Trade Name, if any:	a. Labor Organization   b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 24600 Northwestern Highway	C. Employer	
City Southfield		
State Michigan ZIP Code + 4 48075		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Operating Engineers' Local 324 Pension Fund	Provided money manager services for the pension funds	***************************************
Trade Name, if any:		ed. Dead Supposed Disease of Super-
P.O. Box, Bldg., Room No., if any		Adinocomensation
Street 24600 Northwestern Highway	land the second	
City Southfield	11.b. Approximate dollar value of such dealing. \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0
State Michigan ZIP Code + 4 48075	Provided 2 tickets to the Detroit Red Wings Hockey game. February 2004	NATE PROTEOMICA POLICE
	12.b. Amount. \$20	0
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		Section of Innovative States
Trade Name, if any:		ENCHERCISING PARKS
		NATIO MATERIAL CONDUCTOR
P.O. Box, Bldg., Room No., if any		1
		p) profitement to
Street		Antici di dell'ele proprieta proprieta dell'elementa delle
Street City		ORGODE ENDOCATERACIONATO ERROLÓGICA PROPRIO DE PROCESO DE PARTICIONA DE LA CONTRACTOR DE LA
		The contraction of the contracti

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F	or Official Use Only
	AUG 1 5 2005
E	B DROTT

1. File Number **U** - 9072

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

и	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name John M Hamilton	Name Operating Engineers' Local 324			
	Labor Organization File Number 019-088			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 37450 Schoolcraft, Suite 110	Street 37450 Schoolcraft, Suite 110			
City Livonia	City Livonia			
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082			
5. Position in labor organization.				
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.			
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City ( Institute of the Control of t				
State ZIP Code + 4				
	nature			
undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the action on penalties in the instructions.)			
Signed M. 1 OUMUVE	On 08/08/05   734-4623660   Telephone Number			

Name of Person Filing John Hamilton	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Health Alliance Plan of Mi, Inc.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 24600 Northwestern Highway  City Southfield  State Michigan ZIP Code + 4 48075	9. Business deals with:  a. Labor Organization  X b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Operating Engineers' Local 324 Health Care  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 24600 Northwestern Highway	11.a. Nature of such dealing.  No relationship with the plan. Attempting to provide coverage			
Street 24000 NOILLINGSCEIN HIGHWAY	11.b. Approximate dollar value of such dealing. \$0			
City Southfield .  State Michigan ZIP Code + 4 48075	12.a. Nature of interest held or income received.  Provided 2 tickets to the Detroit Red Wings Hockey game. February 2004			
	12.b. Amount. \$200			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.b. Amount of payment.			
13.b. Is the Business an Employer or Consultant?	And the state of t			